



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

The CARMEN Network: Report from the Biennial Meeting

(Nassau, Bahamas
4–8 November 2007)



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List of Acronyms

BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CAMDI	Central America Diabetes Initiative
CARICOM	Caribbean Community
CARMEN	<i>Conjunto de Acciones para la Reducción Multifactorial de Enfermedades No transmisibles</i>
CAREC	Caribbean Epidemiology Centre
CATI	Computer Assisted Telephone Interview
CCM	Chronic Care Model
CD	Chronic Disease
CDC	Centers for Disease Control and Prevention
CINDI (EUR)	Countrywide Integrated Non-Communicable Diseases Intervention Programme
CNDCs	Chronic Non-Communicable Diseases
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular Disease
EMAN (EMR)	Eastern Mediterranean Approach to Non-communicable Disease
EMR	Eastern Mediterranean Region
EUR	European Region
FCTC	WHO Framework Convention on Tobacco Control
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
IOM	Institute of Medicine
LAC	Latin America and the Caribbean
LTPA	Leisure Time Physical Activity
MC	Member Country
MDG	Millennium Development Goals
MMWR	Morbidity and Mortality Weekly Report
MOANA	Mobilization of Allies in Non-communicable Disease
MoH	Ministry of Health
MoH&SD	Ministry of Health and Social Development
NANDI (AFR)	Network of African Non-communicable Diseases Interventions

NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NIP	National Immunization Programme
OPS	<i>La Organización Panamericana de la Salud</i>
PAHO	Pan American Health Organization
PS	Permanent Secretary
QOF	Quality and Outcomes Framework
RAFA	Physical Activity Network of the Americas <i>RED de Actividad Física de las Américas</i>
RAND	Research and Development (contraction)
SEANET	South-East Asia Network for Non-communicable Disease Prevention and Control
SEAR	South-East Asian Region
SO	Specific Objective
STEPS	WHO STEPwise approach to surveillance
TCC	Technical Cooperation among Countries
ToR	Terms of Reference
T&T	Trinidad and Tobago
UK	United Kingdom
USA	United States of America
WHO	World Health Organization
WPR	Western Pacific Region

1. Introduction and Background

The global epidemic of chronic diseases threatens economic and social development, and the lives and health of millions of people. In 2005, an estimated 35 million people worldwide died from chronic diseases. In the Region of the Americas, chronic non-communicable diseases (CNCDs) are responsible for two of every three deaths among the general population, and caused almost half of the deaths in persons younger than 70 years of age in 2002. These diseases are dependent on risk factors and lifestyles which are amenable to modification. In search of more efficient ways to prevent CNCDs, the Pan American Health Organization (PAHO/WHO) developed the CARMEN concept in late 1995, and the CARMEN Initiative was launched by PAHO/WHO in 1997.

The Initiative aims to improve the health status of populations by reducing the prevalence of the risk factors associated with non-communicable diseases (NCDs) through integrated health promotion and disease prevention. The Initiative later led to the establishment of the CARMEN Network - a network of countries that share the common goal of reducing the prevalence, incidence and mortality of chronic diseases and their risk factors through a prevention focused, multi-dimensional approach. CARMEN is based on the principles of *integrated action* and *collaboration* (local, national, regional and international) through *inter-sectoral action*, making use of local *demonstration areas*.

Throughout its ten years of existence, the CARMEN Network has contributed greatly to the increased awareness of CNCDs as a public health priority, both in the countries and in the Region. At the same time, CARMEN Member Countries have started to incorporate new developments that have become available, and there has been a growing realization of the need for broader, multi-dimensional policies. In addition, addressing common and known risk factors for CNCDs has also facilitated expanding the scope to other NCDs, while PAHO/WHO has focused its technical cooperation to capacity building and policy development together with its managerial support to the expanded Network. Moreover, new challenges have emerged in supporting the Network and the increasing demand for technical cooperation, enhanced communication and revised structure, responsibilities and procedures within the Network.

As a result, the 'Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health' was approved in 2006. It therefore seemed appropriate, and timely, to utilize the 2007 CARMEN Biennial Meeting for reviewing the Network, focusing on the four lines of action of the Regional Strategy: Policy and Advocacy, Surveillance, Health Promotion and Prevention, and Integrated Management of NCDs. Previous Biennial Meetings have been held in 1999, 2001, 2003, and 2005.

This document is a report on the five-day 2007 CARMEN Biennial Meeting which, after a day dedicated to a review of the organization and management of the CARMEN Network, devoted a day each to the presentation and discussion of the four lines of action of the Chronic Disease Regional Strategy. A total of 36 countries and 4 partner organizations attended, making it the largest CARMEN meeting to date. The Report follows the structure of the meeting and will focus on the outcomes of the meeting: issues emerging from the discussions, as well as suggestions, decisions, and recommendations.

The Meeting was structured according to the Chronic Disease Regional Strategy, and utilized the PAHO Strategic Plan (Strategic Objectives #3 and #6) to focus both the presentations and the Workgroup Discussions. Each day of the Meeting was divided into two sections: the first devoted to sharing and learning via presentations and discussions of the presentations; the second devoted to planning for the next biennium via working groups representative of the four sub-regions – Andean, Caribbean, Central America and the Southern Cone.

Workgroups were given extracts from the Plan of Action 2008-2012 according to the Theme of the day. The Templates for Work Group Tasks were more or less the same each day: six tasks which involved reviewing the objectives and indicators of the relevant section of the Plan of Action; considering national programs, plans, agreements and resolutions together with PAHO/WHO/WHO Resolutions; reflecting on the presentations and ideas from the presentations; and then discussing and answering questions about the critical needs of their countries and sub-regions and **suggesting priorities for action during the next two years**. In addition, the Caribbean work group was specifically asked to consider the relevant sections of the “Declaration of Port-of-Spain: Uniting to Stop the Epidemic of Chronic NCDs”. As the complete results of the working group sessions will be contained on the compact disk accompanying this report, only the priority activities, the recommended next steps, and what is needed from PAHO/WHO will be presented in this report.

The **work groups** were comprised as follows:

- **Andean Group:** *Facilitator* – Dr. Enrique Jacoby; *Members* – participants and PAHO/WHO personnel from Bolivia, Colombia, Ecuador, and Peru.
- **Central America:** *Facilitator* – Dr. Alberto Barcelo; *Members* – participants and PAHO/WHO personnel from Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, México, Panamá, Puerto Rico, and the border territory of Mexico and the USA (Frontera).
- **Caribbean:** *Facilitator* – Dr. Alafia Samuels; *Members* – participants and PAHO/WHO personnel from 14 countries: Antigua and Barbuda, Bahamas, Barbados, Belize, British Virgin Islands, Canada, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Kitts-Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago
- **Southern Cone:** *Facilitator* - Dra Branka Legetic; *Members* – participants and PAHO/WHO personnel from Argentina, Brazil, Chile, Paraguay and Uruguay.

2. Preliminaries: Opening Ceremony

The Opening Ceremony actually took place on the second day of the Meeting and was chaired by Mrs. Barbara Burrows, Permanent Secretary (PS), Ministry of Health and Social Development (MoH&SD) who welcomed participants to The Bahamas and to the meeting. Mr. David Taylor, PAHO/WHO/WHO Representative Bahamas a.i, also welcomed participants. He referred to the constraints faced by all and expressed sympathy to all those who had suffered from the tropical storm Noel. He commended the PAHO/WHO offices and the MoH&SD for the excellent teamwork that had gone into the organization

of the meeting which had been originally scheduled to take place in Trinidad and Tobago (T&T), and wished participants a successful meeting.

Welcoming remarks were also made by Dr. Orlando Landrove on behalf of the CARMEN Management Committee and by the Hon. Dr. Hubert Minnis, Minister of Health and Social Development. The Hon. Minister noted that CNCDs were a challenge to development in the Caribbean region and that its importance could not be overemphasized. He expressed pleasure that the World Health Organization (WHO) has made CNCDs a priority and that Latin American and Caribbean countries must design approaches that are multi-disciplinary and implement targeted interventions like Healthy Lifestyles that can reduce chronic diseases. CARMEN was an important support network for countries to share, learn, plan and partner together to implement the Regional Strategy. He hoped that the participants would take full advantage of everything that The Bahamas affords, and he looked forward to the results of the meeting.

The keynote address was given by Mr. John Junor, who had been the Minister of Health for Jamaica for nine years. As this was also the key note address for the line of action on Health Policy and Advocacy, it will be referenced in Section 4.1.

3. CARMEN Network Operations

3.1 Presentations

The first day of the Meeting was used as an introduction and explanation of the CARMEN Network and its operations and to address the agenda item of revising the CARMEN Terms of Reference. After a short service and opening prayer, opening remarks were made by Dr. Yasmin Williams-Robinson, MoH&SD of The Bahamas, Dr. James Hospedales, Chief, NCDs, PAHO/WHO/WHO, and Dr. Orlando Landrove, CARMEN Management Committee.

A presentation on the “Highlights of 10 years of CARMEN Successes” was made by Dra. Maria Cristina Escobar of Chile, and Dr. Hospedales of PAHO/WHO presented “Chronic Disease Regional Strategy and Plan: Implementation through the CARMEN Network”. Dra. Escobar, who has been involved with the Network from its inception, stressed that the presentation was from her personal perspective. She outlined context of the NCD epidemic, showed all the myths about NCDs, and stressed that the risk factors are increasing. She presented the main characteristics of the Network of 23 members, three prospective members, and collaborative organizations, and traced the evolution of the Network from demonstration areas, the incorporation of additional countries, through capacity building (the development of guides and educational materials), global initiatives with international partners (CINDI, CDC etc), the piloting of the CARMEN School in Chile 2005, and the importance of Best Practices and Evaluation. In closing, she referred to the global target of a 2% decline in mortality of NCDs each year, and the importance of the PAHO/WHO Regional Strategy and Plan of Action in helping countries to meet that goal.

In his presentation, Dr. Hospedales referred to the number of challenges – logistical, political and natural – that had to be overcome in order to host the Meeting. He told of his shock when he took over the task of Chief, NCDs, PAHO/WHO/WHO: he did not realize how widespread the NCD

epidemic and risk factors had become. His presentation covered the chronic disease situation and responses to this, in particular CARMEN's Regional Strategy and Plan of Action, and spoke of the managerial considerations in rolling out the strategy. After presenting a number of slides on specific NCDs and risk factors together with the economic cost of these diseases, Dr. Hospedales also reviewed effective interventions—from broad laws and regulations, to advocacy, and then individual areas—emphasizing the need for a multi-pronged approach.

A survey of national capacity in 28 countries in 2005 had pinpointed particularly weak areas, showing that the Caribbean and Central America have a high burden but their programs were least developed. Dr. Hospedales referred to the Port of Spain Declaration by the CARICOM Heads of Governments in September 2007 which committed to action on CNCDs. He then reviewed PAHO/WHO's Regional Strategic Plan focusing on selected Objectives (SO-3 and SO-6) and CARMEN's four Lines of Action around which participants would centre their deliberations on how to translate all these resolutions and objectives in an articulated synergistic manner through the CARMEN Network over the next two years. He concluded that the problem of CNCDs is very serious, not sustainable cost-wise, and becoming worse, but that there are const-effective solutions. **The Regional Strategy and the CARMEN Network offer a good framework that, together with partnerships with the public and private sectors, and civil society, can save more than three million lives over the next ten years.**

These introductory and explanatory presentations were followed by a discussion of the challenges facing, and the opportunities offered by, the CARMEN Network. Dr. Hospedales also introduced, and asked for feedback on, "The CARMEN Coat" that both symbolizes the hope and optimism of the CARMEN Network and integrates the tools needed to respond to the NCD epidemic and asked for feedback on this new initiative. Dr Hospedales explained that the coat was inspired by remarks of PAHO/WHO Director, Dr Mirta Roses, about for ways to communicate the various tools that make up the basket of a comprehensive NCD prevention and control response, and who remembered the itinerant vendors of Brazil (*Mascates*) who store their various wares in their many pockets. The coat symbolizes the integration of the various tools in the NCD response, e.g., STEPS for surveillance, FCTC for tobacco control, DPAS for diet and physical activity, Chronic Care model, etc. The color of the coat - orange – is the international color for chronic disease.

3.2 Issues Emerging from Discussions

→ *What's in a Name?*

- *Pros:* CARMEN is a Spanish acronym; English-speaking Caribbean would be able to identify more / own the program if there was an English acronym
- Need a name that is easy for the media to use
- Not changing the name of CARMEN but increasing the feeling of ownership by the English-speaking Caribbean where countries are very conscious of our small size— while we realize that we can learn much from others –our situations are very specific
- *Cons:* Name not important, rather the principles
- Don't change the name for Central America: if the name is changed now, the progress made over the last 10 years may be lost, have to start anew; if name is changed, it must be one that makes sense to the media.
- English-speaking subgroup will have an opportunity to discuss the issue in their working group as well as look very carefully how to fashion a Caribbean network;

suggestions for names were “Collaborative Action for Risk Factor Reduction, and Effective Management of NCDs” and “Comprehensive Action for Risk Factor Reduction, Management, and Evaluation of NCDs”

- Name agreed upon in the English-speaking sub-group on Thursday 8th Nov 2007: Collaborative Action for Risk factor Reduction and Effective Management of NCDs

→ ***Problem of limited resources and national absorptive capacity***

- Work with what you have
- Issue of human resources in the small CAREC Member Countries—great concern—often only one person as focal point
- One of the ***indicators*** re success / effectiveness of CARMEN could be how many persons are working for CARMEN in the country
- Cuba formed teams at national and at municipal levels
- Fragmentation the norm; synergies are key; intersectoral approach –
- Combine efforts to maximize resources
- Lack of continuity as Ministers change
- Large difference in resources committed to communicable diseases and NCDs
- Location within MoH: centralized in epidemiology (who tend to work with communicable diseases)

→ ***Compliance and Commitment***

- Ministers sign agreements – their compliance with these agreements needs to be monitored
- The problem is one of commitment - easy to sign a paper, but implementation needs to be included in the country’s strategic plan and budget, and not be dependent only on international resources and efforts
- Visibility: “if it’s not in the MDGs it’s not important”. Chronic diseases are not mentioned in the MDGs. It is therefore a strategic issue to get them included

→ ***Participation of civil society:*** it is difficult to obtain the participation of civil society – the MoH is always expected to solve the problems

→ ***Dissemination of information:*** Wealth of information in PAHO/WHO which does not trickle down to people

→ ***Don’t forget the bigger picture:*** There is already an international framework – work out how our work fits into these

→ ***Potential life lost:*** Need a measure that incorporates both morbidity and mortality

→ ***Evidence-based impact:*** How the evidence that we generate is influencing action and policy – perhaps the way that communicable disease has gone → NCDs can also go

3.3 CARMEN Network Terms of Reference (ToR)

The ToRs were considered to be well written and to have given a good summary of what has been done. **Countries have been given until 30 Nov to submit further comments on the ToR.**

→ **What is CARMEN?**

- Big confusion at the last meeting as to what exactly CARMEN was: Initiative or Network? Words that have been used: vehicle, instrument, form, initiative, network – “it is not a project, at least we’re clear about that”.
- *Purpose* is to change experiences
- It is a *Network* with a clear goal i.e. prevention and control of NCDs and risk factors. The network is a cohesion to highlight the importance of NCDs – mechanisms for collaboration exist; networking of networks for collaboration on common issues
- Precise *role* of CARMEN needs to be clarified at regional and sub-regional levels, and in each country which participates through the MoH
- Basic concept is *integration*: cog wheels, all of which have to work together
- It is *intersectoral*—and that is not clear in the ToRs, where all of the lines of action are within the MoH—rep/focal point sets the parameters but surveillance does the work; need to get the other departments to recognize the importance of NCDs in their work
→ **Conclusion: ToR will be modified to include intra and inter and inter-sectoral roles; inter-ministerial collaboration is crucial.**

→ **Focal Points**

- in the smaller territories, the focal point is one person who is usually the focal point for other areas as well – quite demanding – so the focal point needs technical and advocacy support.
- Some use can be made of the PAHO/WHO offices and managerial committee.
- Focal points would appreciate a visit from the managerial team.

Recommendations

- ToR should say that a *senior* person should be the CARMEN focal point
- CARMEN should have a PowerPoint (PPT) presentation of slides for distribution to the focal points for use in advocacy and information dissemination

→ **Communications within the Network**

- use the website – each country will have a space on the website
- many experiences – disseminate the materials so they can be adapted to each country’s needs

→ **Involvement of current and future partner organizations**

- *Priority*: Begin at home; think of work within our own institutions first—80% of health personnel are obese—how do you sell health when you, yourself are not healthy?
- Have to think of partnering in different ways; eating out increasing; partnering with the restaurant; stars for healthy choices on the menu; seek non-traditional partnerships

- Different levels of partnerships: national, subregional, regional, international; this meeting will strengthen subregional work; then next level is CARMEN itself, who are also dealing with partners—and seeking new ones—going to hold a meeting in Feb or March
- *Caution:* Some organizations impose their agendas on the countries, so this meeting needs to strengthen the objectives
- Partnering with the private sector

3.4 Selection of Management Committee Members

As per the ToR, the new members of the CARMEN Management Committee were selected during this biennial meeting. Each sub-regional working group selected a representative from that sub-region to serve on the Management Committee, and the following were the results of that selection process:

Central America, Mexico, Spanish Caribbean:	Guatemala
Caribbean:	Bahamas
Andean:	Ecuador
South Cone:	Paraguay

Given that the ToRs stipulate six (6) members from countries, it was agreed that two (2) members would continue from the previous Management Committee. The consensus among the members of the previous Management Committee was for **Panama and Canada**. The ToRs also include one (1) representative from the partner organization, and the consensus among those organizations was for the **InterAmerican Heart Foundation** to serve on the Management Committee.

Therefore, the CARMEN Management Committee for the period 2007–2011 is comprised of: Bahamas, Canada, Ecuador, Guatemala, Panama, Paraguay, Inter-American Heart Foundation, and PAHO/WHO as the secretariat.

4. Health Policy and Advocacy

4.1 Presentations

The key note address, “Developing National Health Policy with Special Reference to Chronic Disease Prevention and Control: the National Health Fund – the Case of Jamaica”, was given by Mr. John A. Junor, former Minister of Health in Jamaica. After sketching the progress that had been made in Jamaica’s health system over successive administrations, as evidenced in the country’s key health indicators, Mr. Junor outlined the policy imperatives facing Jamaica when he first became Minister of Health. The epidemiological shift that had taken place in the country had resulted in the growing burden of CNCs on the health system, there were considerable budgetary constraints, so he recognized the need to develop methods to supplement the Central Government’s efforts to finance the increasing cost of health care delivery. Efforts to address this need dated back to the 1960s.

Beginning in 1997, Mr. Junor submitted several models of the National Health Fund (NHF) to Cabinet. Facing a number of challenges, in particular identifying a source of funding that would not impact revenue to the Consolidated Fund of the Ministry of Finance, an acceptable model was finally approved that was enshrined in law. He described the elements of the policy: financing, the benefits, the measures to avoid abuse, and measures to protect and sustain the NHF. While addressing abuses of the health system, the Fund was based *inter alia* on the creation of a supportive environment, funding from taxes on tobacco and alcohol, assistance from the National Insurance Fund, and which also augmented the MoH budget. Mr. Junor paid tribute to Mr. Stanley Lalta and Mr. Raphael Barrett who persisted with the development of the Fund. He concluded by saying that the Fund's potential for generating reliable, accurate and verifiable records on compliance with treatment regimes, and clinical management has not yet been fully exploited, but provides an enormous opportunity to educate, follow-up and improve outcomes in chronic disease conditions.

Additional presentations on policy and advocacy were made by Ms Barbara Legowski on "The CARMEN CNCD Policy Observatory", Dr. Sandra Burt "Policy Observatory Methodology: An Overview of Cross-Case Findings and Next Steps"; Dr. Rudy Cummings: "Summit of CARICOM Heads on NCDs: Lessons Learnt"; and Dr. Deborah Carvalho Malta: "Evaluation framework for chronic disease policies". In the interests of time, a presentation scheduled by Dr. James Hospedales: "Chronic Disease Capacity Survey in Latin America and the Caribbean: an instrument for chronic disease program monitoring and evaluation" was not presented.

4.2 Issues Emerging from Discussions

→ Process of Policy Development and Implementation

- ***Solutions start with recognition of the problem:*** Case Study of Jamaica illustrated the process: Familiarization with the problem led to recognition of the huge problem of CNCDs and the need to awaken the country to the epidemiological shift and its implications for policy for health, as well as the huge problem with insufficient financial resources to address the changed situation. Today the problem is recognized: we know about prevention and control; we know about the determinants (social and lifestyle); so we can target interventions that can prevent the onset of, and reduce the incidence of, CNCDs.
- ***Evidence-based decision-making:*** Unpacking the elements of policy is the aim of the CARMEN Policy Observatory, and its overarching model is evidence-based decision-making. Therefore, the research has to be first rate; it took a long time to develop the methodological framework, but it is robust. It is also important to publish results.
- ***Importance of a Champion:*** With evidence, Heads of governments can be persuaded, especially if the evidence is authenticated and presented by a champion as in the case of the Commission headed by Sir George Alleyne which culminated in the Port of Spain Declaration - political will seems to exist.
- ***Approaches must be multi-disciplinary:*** The majority of items in the CARICOM NCD Summit Declaration are not specifically health-related, e.g., agriculture, education, trade,

finance, consumer affairs, but they have important implications for health and NCD prevention.

- **Challenge for CARICOM countries:** How to sustain effective public policy within the framework of our democratic traditions e.g. the five year electoral process and the lack of continuity of governing parties and ministers.
- **For implementation:** Most important is to have a national plan; we need a plan, an office and/or human and financial resources. The latter can come from health taxes, e.g. tobacco or alcohol.

4.3 Results of the Work Group Sessions

In the Plan of Action, the Objective of the Policy Line of Action is “To ensure and promote the development and implementation of effective, integrated, sustainable and evidence-based public policies on chronic diseases and their risk factors and determinants”. Table 1 presents the priority activities, what participants perceived as needed from PAHO/WHO, and the recommended next steps recorded in the work group reports. Developing and implementing national CNCD policies, TCC among countries and convening sub-regional meetings of Ministers of Health on CNCDs, were among the common priorities among of the four sub-regions.

Table 1: Policy and Advocacy
Work Group Results: Priority Activities, Next Steps and what is needed from PAHO/WHO

Priority Activities	Andean	Carib.	C. Amer.	S. Cone
Convene meeting of Ministers of Health on NCDs	X			X
TCC among countries	X			X
Mobilization of resources	X			
Establish broad-based national NCD Commissions Nationally		X		
Identify and support focal point for NCDs in MoH		X		
Ratify the FCTC and complete and enact supporting legislation		X		
Develop & implement national policies to support the development of healthy schools and environment		X		X
Develop a Caribbean Task Force for Preventive Services utilizing existing developing country models		X		
Establish incentives for healthy living e.g. insurance			X	
Disseminate knowledge on the specific process to achieve the activities			X	
When governments change, PAHO/WHO should send a letter listing the activities to which the country has signed / agreed			X	
Nationally, integrate surveillance and primary health programs				X
Carry out national and regional advocacy				X
Expand the activities of the Policy Observatory				X
Publish, disseminate and promote the WHO 3 STEPS				X
Disseminate and promote experiences and instruments of development				X

5. Surveillance and Research

5.1 Presentations

The key note address, “Behavioral Surveillance: Lessons from the Behavioral Risk Factor Surveillance System (BRFSS)”, was given by Dr. Ali H. Mokdad, Chief, Behavioral Surveillance Branch, CDC, Atlanta, Georgia. Defining the US BRFS system as a “mature system” and using a timeline, Dr. Mokdad described the continual improvement during the evolution of the BRFSS in the USA, and listed its strengths as a strong methodological framework that is flexible, timely, standardized and useful. Flexibility included adjusting to technological, social and cultural changes; the introduction of IT changes by adopting “mixed mode” approaches to data collection; and the need to employ real-time survey interpreters to expand the number of languages in which the surveys are offered. He illustrated with examples of the system in use in support of local health policies and program development, and in tracking diseases e.g. diabetes, and the use of safety (seat belts) and prevention (mammograms) measures both over time and spatially. He emphasized the need to understand public health problems in combination in order to recognize new areas of significant public health needs and to provide avenues of response. Dr. Mokdad went into some detail about the steps taken and the effort involved in developing the first report on the MMR vaccine and the changes that took place in CDC policy as a result of the BRFSS data. In stressing the applicability of BRFSS globally, he gave example of the use of BRFSS surveys in Jordan and Egypt and the assistance given to these countries to conduct household BRFSS and to analyze their data. Nevertheless, BRFSS had faced problems and Dr. Mokdad detailed some of the problems that BRFSS was currently facing, in particular, problems of coverage (face to face, telephone, email and mail).

Dr. Mokdad concluded with a list of recommendations for countries wishing to carry out ‘smart’ surveys: start small; question each question – (why this one?); agonize about the best way to collect data; be strict about data quality and control, including training and maintaining staff; and be sure to share data with partners and to analyze and report on the data collected, especially to those who supplied it. After presenting some global data on CNCDS, he ended with the maxim that “to do a prevention program you need a surveillance system”.

The key note address was followed by country presentations by Dr. Yasmin Williams-Robinson, MoHSD, The Bahamas: “Chronic Non-Communicable Diseases: Identifying Determinants to The Bahamas’ Burden”; Dra. María José Rodríguez, Ministry of Public Health, Uruguay: “First National Survey of CNCDS Risk Factors”; Dra. Ana María Moraga Palacios, MoH, Chile: “Progressive Method of Surveillance of CNCDS and Risk Factors: the Experience of the Region of Bio Bio, Chile”; and Dr. Orlando Landrove, Cuba: “Surveillance of Risk Factors and CNCDS”.

Following the presentations and discussion, participants visited sites selected by The Bahamas Ministry of Health and Social Development – an average of ten persons each visited the following sites:

- ➔ School Health Services: Visit: Primary Medical Screening at E. P. Roberts Primary School
- ➔ Diabetic Research Institute
- ➔ Naomi Anna Christie Centre for Older Persons

- ➔ Fleming Street Clinic
- ➔ Elizabeth Estates Clinic
- ➔ Flamingo Gardens Clinic
- ➔ Mary Ingraham Intergenerational Care Centre
- ➔ Bahamas Primary Health Care Training Centre
- ➔ Cancer Caring Centre
- ➔ Yellow Elder Day Care Centre
- ➔ Nutrition Unit

5.2 Issues Emerging from Presentations and Discussions

➔ *Tips for Surveillance Surveys*

- To do prevention programs you need a surveillance system—and as the MoH, you need your own surveillance system
- Pick a surveillance system that increases your response rate: start small, and build a system that can be improved as you go along
- Whatever system you use, be prepared – you will have coverage problems
- Use physical measurements to validate self-reported measurements
- Establish and track health objectives
- Prioritize surveillance – mortality, morbidity, disability and risk factors
- Public health is local and the more local you can get the better; local data can be used to establish benchmarks
- When you collect data you owe it to the respondents to use the data
- Policy is evidence-based. You need data for officials to act on they don't act if you don't have data; you can release data and show impact / argue for change
- Put a cost against your numbers from the survey in your presentations to ministers—and have an answer to their inevitable question: “where are you going to get the money?”
- Figures presented in the reports tend to conceal a lot; they need to be more disaggregated: what are the characteristics of those who are not suffering, e.g. social determinants, educational levels, poverty etc

➔ *Coping with limited resources*

- Some data is usually incorrect e.g. mortality data – can't get away from going out and asking questions.
- You have to look at other opportunities: multi-mode e.g. continuous labor surveys; living conditions / quality of life surveys; you can add questions if they are using a good representative sample of the country. So, look for standardized systems that are flexible, multi-mode and USE them.
- You can also look at other sources of data e.g. hospital data; CNCD registers e.g. cancer registry; commercial sales e.g. of alcohol and tobacco

➔ *Limitations of Surveillance Data*

- Problems in obesity and diabetes are getting worse, and surveillance alone doesn't stop that
- Data from surveillance surveys is able to trigger legislation
- Can also inform targeted public education

- The message has to come when people are well and not when they present – have to work to reduce risk factors – teach them how to make healthy choices
- Most of budget goes to tertiary care; more of budget needs to go to primary health and health promotion and disease prevention, e.g. healthy lifestyle secretariat

5.3 Results of the Work Group Sessions

In the Plan of Action, the Objective of the Surveillance and Research Line of Action is “To encourage and support the development and the strengthening of countries’ capacity for better surveillance of chronic diseases, their consequences, their risk factors, and the impact of public health intervention as part of the integrated strategy on NCD prevention and control”.

The Caribbean working group, which prefaced its response to the specific tasks with a wide-ranging discussion, ascertained the status of WHO STEPS Surveillance Surveys in the Caribbean subregion:

- ➔ *Completed:* Aruba, Bahamas, Curacao
- ➔ *Being Conducted:* Barbados, Dominica, St. Kitts and Nevis
- ➔ *Training:* Grenada, Trinidad and Tobago and Turks and Caicos
- ➔ *Scheduled:* British Virgin Islands, Guyana and Suriname

It also suggested that CAREC head a regional CNCD information system to monitor the progress of efforts to implement the Port of Spain Declaration. CAREC is, in fact, working on a minimum data set – mortality, morbidity, risk factor data, health system performance.

In the discussion that followed the presentation of the work group reports, participants were informed that Simon Fraser University wished to carry out a study on determinants of CNCDs, linked to work on implementing the STEPS BFRS.

Table 2 presents the priority activities, what participants perceived as needed from PAHO/WHO, and the recommended next steps recorded in the work group reports. There is more consensus among the regions about the needs and priorities in surveillance and research than there was with policy, no doubt because policy and advocacy are more strongly influenced by context. In particular, there is total agreement among the regions for capacity building in the methodologies of surveillance surveys, and the need to standardize all the elements of these surveys – at least among regions. Moreover, in a sense, most of the other areas included in Table 2 can be considered aspects of survey methodologies.

Table 2: Surveillance and Research
Work Group Results: Priority Activities, Next Steps and what is needed from PAHO/WHO

Priority Activities	Andean	Carib	C. Amer	S. Cone
Capacity Building in methodologies or alternatives for population surveys, with CARMEN and PAHO/WHO support	X	X	X	X
Regional meeting on TCC to standardize methodologies, define elements of evaluation, and systematize the exercise of identifying, reviewing, and developing indicators (minimum set) with CARMEN and PAHO/WHO support	X	X	X	X

Priority Activities	Andean	Carib	C. Amer	S. Cone
Support from CARMEN and PAHO/WHO – Technical, resource mobilization, standardization of software,			X	
Commitment from the representatives of each country for support for the different activities	X			
Intermediate surveillance (“in-between steps”) to be defined as a regional cooperation exercise		X		
Engage key decision makers		X		
Training to help key decision makers to use the data for decision making and planning		X		
Promote application and use of information		X		
Develop / carry out a survey with biochemical measurements				X
Include survey in 2008 budget		X		
Disseminate pre-planning, analysis, results to all stakeholders – nationally and sub-regionally		X	X	
Share and Exchange experiences and existing materials			X	
Identify which countries need to initiate STEPS and work with them		X		
Bring Haiti on board		X		
Incorporate the indicators contained in the surveillance protocols			X	
Integrate data bases			X	
Determine the parameters of surveillance for levels of care			X	
Inputs from countries (advocacy, human resources and exchange of experiences			X	

6. Health Promotion and Disease Prevention

6.1 Presentations

The key note address, “Prevention and Control of CNCDS”, was given by Mr. Richard Smith, Director, Ovarious Chronic Disease Initiative, UK. Mr Smith was the former Editor of the British Medical Journal. He began his presentation by stating that three things were needed to make change happen: a burning platform i.e. recognition that “things are bad”, a vision, and clarity about the next steps – “What do we do tomorrow?” With relation to CNCDS, none of these things existed. While everyone at the meeting knew that things were bad, this recognition was not global; moreover the vision was unclear and there was also lack of clarity about what to do next. Using the example of diabetes and cancer, he identified the three main 3 risk factors: tobacco use, lack of physical activity and unhealthy diets. He compared two different scenarios in tackling tobacco use: France where no action was taken, and Scotland where multiple interventions were used (effective fiscal measures, advertising bans, prohibiting smoking in public and vending machines, health campaigns, and campaigns to ban smoking in public transport). Hospital admissions in Scotland fell by 17%, while in France, for the same time scale, deaths from lung cancer among adults aged 35-44 are rising. He concluded that many different interventions are necessary, but that modest well-spent funds, with clear goals, can have a massive impact.

Mr. Smith introduced the Quality and Outcomes Framework (QOF) which started in the UK in 2004. Essentially, it is a ‘payment by performance’ framework used to promote prevention: General Practitioners are financially rewarded for activities like measuring blood pressure and outcomes like

reducing blood pressure - and all measures are evidence based. Unfortunately, no baseline was established before QOF started; nevertheless, there seems to have been an effect on CVD, asthma and diabetes. He also listed twelve lessons from the experience of tobacco which can be used to draw conclusions for diet and nutrition. Some of these are: address the issue of individual responsibility vs. collective; evidence of harm is necessary; decisions don't need to wait for evidence; real and perceived needs and concerns of developing countries need to be addressed; there is no magic bullet; the need for broad-based vertical and horizontal coalitions, and media savvy leaders; and that the change in support for tobacco control took decades—change doesn't happen overnight.

In terms of barriers to preventing CNCDs, Mr Smith noted that more resources are channeled into communicable diseases; however, he sensed that the environment is beginning to change. He enumerated some of the pervasive myths about CNCDs: global economic development will improve health conditions; NCD result from freely adopted risks, NCDs are diseases of the elderly, of affluence; benefits accrue only to the individual; infectious disease models are applicable to chronic diseases; we can wait till infectious are controlled; screening and treating patients in the health sector can prevent the problem completely. He cautioned that CNCDs required life long, complex interventions, and that it took decades before impacts would be seen because the main levers exist outside the health sector. Priorities for action should be: enhancing economic legal and environmental policies; modifying risk factors; engaging the business sector and the community; mitigating the health impacts of poverty and urbanization; and re-orienting the health systems.

Together with its partners, the Ovarions Initiative had \$15 million in resources to assist in building capacity to prevent CNCDs. It had launched a contest for allocating these resources and had received 138 responses from 70 countries, and had selected ten finalists, among which were Central America, US/Mexico border, China, India, Bangladesh Iran/Tunisia South Africa/Tunisia. Comparing the CNCD situation with that of climate change and the use of petroleum, he concluded that: what is destroying our world is destroying us – over-consumption: overuse of transportation and under-use of our own energy; guzzling unhealthy energy-dense foods, rich in fats, meats and sugar, and lack of fruit and vegetables. Radical change is needed both for ourselves and our planet.

The key note address was followed by country presentations by Dr. Victor Matsudo, Brazil “RAFA Network for Physical Activity”; Dr. Gonzalo Stierling, Chile: “Ciclovias in the Americas”; Dr. Fabio da Silva Gomes, Food, Nutrition and Cancer Division, Ministry of Health, Brazil: “Developing Health Promotion Strategies to Promote Health Promoters’ Health”; and Dr. Adrian Alasino, Argentina: “*Programa de intervención comunitaria para la promoción de la salud y prevención de enfermedades cardiovasculares, Argentina*” (“Community interventions for cardiovascular disease prevention”).

6.2 Issues Emerging from Presentations and Discussions

➔ *Behavioral Change; importance of a supportive environment*

- Knowledge is not enough to change behavior: need to build a bridge from knowledge to action
- Evidence-based policy making is very important, but the evidence has to be credible; but some participants thought that for some “common-sense” interventions, one shouldn't wait for evidence before beginning action

- Have to address the intrapersonal social environment: not just fight sedentary lifestyle also psychological and social factors which are as important as the activity itself
 - Have to address the physical environment e.g. no car and no motor day resulted in a reduction of cars by 80+%; don't be afraid of simple solutions - small changes like places to park bikes; e.g. of *Ciclovías*: Close the roads to cars and people come out with bicycles
 - Transportation policy which places a low priority on public space also impinges: some people don't do activity because they don't have the space to do it – space available to children and to cars
 - Importance of partnering with urban planners and municipal governments
 - To touch culture – what are the perceptions of our people? Need to learn more about perceptions and change our perceptions
- ➔ ***Complexities of working with communities***
- You need to recognize that in communities there are usually a complex of problems
 - Also, you have to know the community; carry out a quick assessment to decide what intervention is best. To do this, you need to understand what the important “drivers” in the community are, and realize that these may not be the things that you think are important.
 - The community can help itself, if it is interested, and take control.
- ➔ ***Under-nutrition and Obesity***
- Obesity is not the only problem: in the same communities, many people suffer with under-nutrition
 - Under-nutrition and obesity can be addressed at the same time; **the same type of healthy diet will be helpful for both conditions**
- ➔ ***Approach***
- Health has tended to distance itself from tobacco—understandably so, but for the food and non alcoholic beverage industry, this may be the wrong strategy - we need to engage and discuss collaboration
 - Economic forces are enormously important; need to consider how to get market forces to work with us
 - *Have to engage the private sector*: How? Who do we have to work with? What should we be doing and persuading them to do and why should they do it?
 - It all revolves around conversation and understanding: we need to engage in conversation; some kind of public-private partnership is important in whatever we do.

6.3 Results of the Work Group Sessions

In the Plan of Action, the Objective of the Health Promotion and Disease Prevention Line of Action is “To promote the social and economic conditions that address the determinants of chronic diseases and empower people to increase control over their health, especially the adoption of sustained healthy behavior”. Table 3 presents the priority activities, what participants perceived as needed from PAHO/WHO, and the recommended next steps recorded in the work group reports. As with policy and advocacy, the priorities seem to be region-specific except for the promotion of *Ciclovías* and recreational roadways which was common to all regions.

Table 3: Health Promotion and Disease Prevention
Work Group Results: Priority Activities, Next Steps and what is needed from PAHO/WHO

Priority Activities	Andean	Carib	C. Amer	S. Cone
TCC and workshops for exchange of experiences among countries	X			
Technical and financial support and mobilization of resources e.g. for developing a sub-regional plan for each theme	X		X	
Meeting for sensitizing all stakeholders to work towards strengthening "The Americas free of Trans-fats" initiative	X			X
Disseminate the importance of physical activity and healthy eating for the prevention of CNCDS, e.g. healthy schools	X	X		
Facilitate exchange of Good Practices nationally and sub-regionally	X	X		
Promote and support physical activities such as ciclovias	X	X	X	X
Strategic / formal alliances across the region e.g. with the regional media		X	X	
Capacity building, including institutional, nationally, sub-regionally and regionally		X		
Revisit Health Promotion policies, plans, to address NCDs		X		
Support the inclusion of recreational roads and healthy public spaces in urban and transportation development plans				X
Identify documents with sub-regional standards and revise them accordingly		X		
(PAHO/WHO) Support for the development of tools, training materials, and checklists for methodologies/actions/strategic objectives/etc		X	X	
(PAHO/WHO) Support for social mobilization			X	
Develop a course in the CARMEN school on communications and advocacy				X
Strengthen the interrelationships between / with schools and healthy municipalities				X
Seek partnerships / donations to support sub-regional projects to promote health				X
Include questions on other risk factors in the survey of taco use among students e.g. alcohol etc (regional)				X

7. Integrated Management of Diseases and Risk Factors

7.1 Presentations

The key note address, "Patients as Partners: Integrated Management of Chronic Diseases", was given by Dr. Judith Schafer, MacColl Institute for Healthcare Innovation, USA, who presented the Chronic Care Model (CCM) developed by her Institute. The model, adopted in modified form by WHO, is patient-centered i.e. responsive to patient needs, values and preferences to encourage the delivery of optimal chronic care – one of six aims put forward by the Institute of Medicine (IOM) Quality Chasm Report. The Report concluded that both patients and providers are dissatisfied with care and that the care systems, which are based on an acute care model, needed to be changed. The Institute has worked with thousands of health care systems and various diseases to teach the CCM through "collaboratives" and their work has been evaluated by the RAND corporation which found that the model did help teams change practice and that the changes did produce better outcomes.

Dr. Schafer described the components of the model, the core of which is self-management support which requires continuous effort over long periods of time. She described the differences between acute (short-term) and chronic (long-term) conditions, the role of the professional in each, and the kind of relationship needed between care providers and patients in the longer timeframe of chronic conditions. The model addresses both the patient and the healthcare team. The CD Self-Management Program, a series of six workshops, was developed to help participants better manage their conditions, and a delivery system has been designed for the healthcare team. Dr. Schafer outlined the steps taken to prepare both. She gave examples of the model in practice and the ways in which patients took charge of the management of their care.

The key note address was followed by country presentations by Dra. Maria Cristina Escobar, Chile: “Diabetes Prevention Program – *Programa Prevencion de la Diabetes*”; Dr. Judith Cruz, Guatemala: “National Program of CNCDS – *Programa Nacional de Enfermedades Crónicas no Transmisibles 2007*”; and Dra. Margarita Rodríguez, Ecuador: “Program of CNCDS – *Programa de Enfermedades Crónicas no Transmisibles*”. In addition, Dr. Alberto Barcelo presented the goals of the CNCDS programs that PAHO/WHO is involved in the four sub-regions, focusing on the priorities: cardiovascular diseases, diabetes, cancer and chronic obstructive pulmonary disease (COPD), and Dr. Beatriz Marcet Champagne made a presentation on the activities of the InterAmerican Heart Foundation: “*Fundación Inter Americana del Corazón: Un socio de la OPS*”.

7.2 Issues Emerging from Presentations and Discussions

→ *Challenges in Changing the Health Care System*

- Program requires large amount of training and commitment
- In Chile, very difficult to get health personnel to change their methods - nutritionists were the most interested; it was hard to get others to participate
- Obesity in the medical profession is a barrier
- In Chile, professionals rebelled in a number of areas – wanted to work with calories rather than fat
- Manpower shortage in healthcare workers

7.3 Results of the Work Group Sessions

In the Plan of Action, the Objective of the Integrated Management of Chronic Diseases and Risk Factors Line of Action is “To facilitate and support the strengthening of the capacity and competencies of the health system for prevention and control in the integrated management of chronic diseases and their risk factors”. Table 4 presents the priority activities, what participants perceived as needed from PAHO/WHO, and the recommended next steps recorded in the work group reports. The common concern was the need for bulk procurement of medicines.

**Table 4: Integrated Management of Chronic Diseases and Risk Factors
Work Group Results – Priority Activities, Next Steps and what is needed from PAHO/WHO**

Priority Activities	Andean	Carib.	C. Amer.	S. Cone
Mobilization of resources			X	
Support and assistance to procure medication and diagnostic materials / regional bulk procurement		X	X	X
Introduce Chronic Care Model (CCM)		X		
Develop framework(s) for CCM				
Ensure quality of care through audit, feedback and ongoing coaching		X		
Require PAHO/WHO to mandate reorientation to chronic disease care		X		
Technical assistance from PAHO/WHO			X	
CARICOM group should meet between CARMEN meetings		X		
Regional procurement of essential drugs		X		
Among countries, share / disseminate information systems, standards, guides, experiences, and modalities of management, monitoring and evaluation			X	X
Develop educational materials			X	
<i>Capacitación de equipos en los países</i>				X
Disseminate information about the interventions in the three languages				X

8. Conclusions and Next Steps

The meeting ended with the expression of thanks from the participants to all those who had helped to organize and manage the meeting, especially to The Bahamas for their hospitality – “with their short lead time did a great job”—and to PAHO/WHO and all of the directors and the team of staff who “made us happy here”. One of the highlights had been the incorporation of the Caribbean countries in the meeting, and participants hoped that this would continue. Participants said that they were leaving with great motivation.

The CARMEN Management Committee members will meet several times before the next biennial CARMEN meeting, to oversee the follow through of the commitments made during the working group discussions.

The next CARMEN biennial meeting will be held in 2009 and Peru offered to host the meeting.

*Prepared by: Dawn I. Marshall
Consultant Rapporteur
18 November 2007*

Annex 1: CARMEN Network

Vision

A region supported by a network of countries / territories and organizations that share experiences and coordinate actions to minimize preventable chronic, non-communicable diseases (NCDs).

Mission

To provide a forum for sharing, learning and collaborating among countries / territories of the Americas and partner organizations in order to reduce the burden of chronic non-communicable diseases their risk factors and underlying determinants by supporting the development, implementation and evaluation of comprehensive, integrated prevention and control interventions.

General Objective

The CARMEN Initiative aims to promote and establish comprehensive, integrated NCD prevention and policies and programs at the national and sub-regional levels in the Americas, in support of the achievement of the Regional Strategy on Chronic Disease Prevention and Control

Specific Objectives

At the **regional and subregional** levels, the CARMEN Initiative aims to:

- support the implementation of the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases;
- serve as the principal agent to collect, analyze and disseminate information and share knowledge about the chronic disease problem and successful strategies for the formulation, execution, and evaluation of NCD policies and programs;
- promote best practices in health promotion and integrated prevention and control of chronic non-communicable diseases (CNCDS);
- promote and support community participation in chronic disease prevention and control;
- stimulate and facilitate collaboration and networking among PAHO/WHO Member States, organizations, and institutions;
- coordinate actions with related WHO and PAHO/WHO initiatives and networks such as Healthy Municipalities, Healthy Schools, WHO Global Forum and similar initiatives in other regions (e.g. IMAN, MOANA, CINDI, SEANET);
- integrate the initiative with related resolutions from PAHO/WHO's Directing Council and the WHO World Health Assembly.

At the **country** level, the CARMEN Initiative aims to:

- raise political support and demonstrate commitment for the prevention of NCDs, their risk factors and determinants as a national public health priority;
- foster inter-institutional and inter-sectoral actions and create multidisciplinary teams to carry out the strategies for health promotion and integrated prevention and control of CNCDS;
- conduct a situational analysis of NCDs and their risk factors and periodic monitoring, according to the abilities of each country;
- establish demonstration sites for interventions for the prevention and control of chronic diseases;
- implement the recommendation for Member States contained in the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases;
- support the establishment of various networks (such as nutrition, physical activity, diabetes, etc.) for sharing experiences and collaboration within countries.

Annex 2: List of Participants

Antigua & Barbuda

Dr. Oritta Zachariah, Ministry of Health

Argentina

Dr. Marcia Moreira, PAHO/WHO Representation in Argentina

Dr. Adrian Alasino, La Plata, Argentina

Bahamas

Dr. Merceline Dahl-Regis, Ministry of Health

Dr. Yasmin Williams-Robinson, Ministry of Health

Mr. David Taylor, PAHO/WHO Representation in Bahamas

Dr. Yitades Gebre, PAHO/WHO Representation in Bahamas

Barbados

Dr. Shirley Alleyne

PAHO/WHO Representation in Barbados and Eastern Caribbean

Dr. Kenneth George, Ministry of Health

Dr. Josefa Ippolito-Shepherd, Caribbean Program Coordination Office

Belize

Dr. Aisha Andrewin, Ministry of Health

Bolivia

Dr. Gerson Uzquiano, PAHO/WHO Representation in Bolivia

Brazil

Dr. Deborah Carvalho Malta, Ministry of Health

Dr. Fabio Gomes, National Cancer Institute

Dr. Victor Matsudo, RAFA Network

Dr. Micheline Meiners, PAHO/WHO Representation in Brazil

British Virgin Islands

Ms. Ivy George, Ministry of Health

Chile

Dr. Maria Cristina Escobar, Ministry of Health

Dr. Ana Maria Moraga Palacios, BioBio Region, Ministry of Health

Dr. Gonzalo Stierling, *Ciclovías*-Chile

Dr. Tomo Kanda, PAHO/WHO Representation in Chile

Canada

Dr. Sandra Burt, University of Waterloo

Dr. Stephen Corber, Simon Fraser University

Dr. Fernando De Maio, Simon Fraser University

Ms. Barbara Legowski, Public Health Agency of Canada

Ms. Lise Mathieu, Public Health Agency of Canada

Costa Rica

Lic. Melanie Ascencio, Ministry of Health

Cuba

Dr. Orlando Landrove, Ministry of Health

Dominica

Mrs. Antheia Alestina James, Ministry of Health

Dominican Republic

Dr. Tomaris Estepan, Ministry of Health

Ecuador

Dr. Margarita Rodríguez, Ministry of Health

El Salvador

Dr. Raul Armando Palomo, Ministry of Health

Grenada

Ms. Rosalind Alexis, Ministry of Health

Guatemala

Dr. Judith Cruz, Ministry of Health

Dr. Enrique Gil, PAHO/WHO Representation in Guatemala

Guyana

Dr. Gumti Krishendat, Ministry of Health
Dr. Rudolph Cummings, CARICOM
Ms. Renee Franklin-Peroune, PAHO/WHO
Representation in Guyana

Haiti

Dr. Kam Mung, PAHO/WHO Representation in Haiti

Honduras

Dr. Ileana Mayes, Ministry of Health

Jamaica

Dr. Sonia Copeland, Ministry of Health
Mr. John A. Junor. Knight, Junor & Samuels
Dr. Pauline Samuda, Caribbean Food and Nutrition
Institute (CFNI)

Mexico

Dr. Luis Gerardo Castellanos, PAHO/WHO
Representation in Mexico

Montserrat

Mrs. Maunelva Taylor, Ministry of Health

Panama

Dra. Laura de Thomas, Ministry of Health
Ms. Sara Maritza Díaz de Casis, PAHO/WHO
Representation in Panama

Paraguay

Dra. Maria Graciela Gamarra, Ministry of Health

Peru

Dr. Tania Lopez Zenteno, Ministry of Health
Dr. Mario Valcárcel, PAHO/WHO Representation in
Peru

Puerto Rico

Dr. Aida González de Gregory, Ministry of Health
Dr. Raúl Castellano, PAHO/WHO Coordination
Office

Suriname

Dr. Gina Khin Mya Penaud-Wynn, PAHO/WHO
Representation in Suriname

St. Kitts & Nevis

Ms. Petronella Edwards, Ministry of Health

St. Lucia

Mrs. Lucy Honora-Gaspard, Ministry of Health

St. Vincent & the Grenadines

Ms. Lucine Edwards, Ministry of Health

Trinidad & Tobago

Dr. Glennis Andall, Caribbean Epidemiology Centre
(CAREC)
Ms. Debbie Hilaire, University of West Indies (UWI)
Dr. Shamsuzzoha Syed, PAHO/WHO Representation
in Trinidad & Tobago

Uruguay

Dr. Gilberto Ríos, MERCOSUR

United Kingdom

Mr. Richard Smith, Ovations Chronic Disease
Initiative

United States of America

Dr. Becky Lankenau, Centers for Disease Control
and Prevention (CDC)
Dr. Ali Mokdad, Centers for Disease Control and
Prevention (CDC)
Dr. Judith Schaefer, MacColl Institute for Health
Care Innovation
Dr. Beatriz Champagne, Inter-American Heart
Foundation

**Pan American Health Organization,
Headquarters, Washington, DC, USA**

Dr. Alberto Barceló
Ms. Marianne Campano
Ms. Pilar Fano
Ms. Maria Eugenia Gutiérrez
Dr. Joel Grube
Dr. James Hospedales
Dr. Enrique Jacoby
Dr. Branka Legetic
Ms. Silvana Luciani
Dr. Enrique Pérez Flores
Dr. Rozalba Ruiz
Dr. Alafia Samuels

Annex 3: CARMEN Biennial Meeting Agenda

Sunday, 4 November 2007: CARMEN Network Operations

6:30 am	Physical Activity (optional)
8:00 am	Service and Opening Prayer
8:30 am	Opening Remarks: Dr. Yasmin Williams-Robinson, Ministry of Health Bahamas Dr. James Hospedales, Pan American Health Organization Dr. Orlando Landrove, CARMEN Management Committee
8:45 am	Highlights of 10 years of CARMEN successes Dr. Maria Cristina Escobar, Chile
9:30 am	Chronic Disease Regional Strategy and Plan: implementation through the CARMEN network Dr. James Hospedales, PAHO
10:00 am	Discussion: Challenges & Opportunities
11:00 am	BREAK
11:15 am	Operational aspects of the CARMEN network b) Terms of Reference for the CARMEN Network c) communications within the Network d) how to raise the awareness of CARMEN throughout the Region e) mechanisms to plan and implement joint projects f) involvement of current and future partner organizations g) process to select Management Committee members for 2007-2011
2:00pm	Adjourn & Lunch Secretariat debriefing

Monday, 5 November 2007 : Health Policy & Advocacy

- 6:00 am Physical Activity (optional)
- 8:00 am Welcoming remarks
Hon. Dr. Hubert Alexander Minnis, Minister of Health Bahamas
Mr. David Taylor, PAHO/WHO Representative Bahamas a.i.
Dr. Orlando Landrove, CARMEN Management Committee
- 8:30 am Keynote address on Health Policy and Advocacy:
Considerations in Developing National Health Policy with Special Reference to
Chronic Disease Prevention and Control: the Case of Jamaica
Mr. John A. Junor, Jamaica
- 9:00 am CARMEN Policy Observatory
Policy Observatory
Ms. Barbara Legowski, Canada
- Case study methodology and cross-case analysis
Dr. Sandra Burt, Canada
- 10:15 am BREAK
- 10:30 am Lessons from the Summit of the Caribbean Heads of State on Chronic Diseases
Dr. Rudy Cummings, CARICOM
- 11:00 am Evaluation framework for chronic disease policies
Dr. Deborah Carvalho Malta, Brazil
- 11:30 am Chronic Disease Capacity Survey in Latin America and the Caribbean: an instrument
for chronic disease program monitoring and evaluation
Dr. James Hospedales, PAHO
- 12:00 pm LUNCH
- 1:00 pm Brief commentary on working group objectives and tasks, *James Hospedales*
- 1:30 pm Workgroups to develop specific CARMEN project plans for 2008-2009 on the topic
of health policy & advocacy (to be organized by sub-region)
- 3:45 pm BREAK
- 4:00 pm Brief presentation from each workgroup
- 4:30 pm Adjourn
- 4:45 pm-5:30 pm Secretariat debriefing
- 6:00 pm Reception hosted by Government of Bahamas at Sandals Royal Bahamian Resort.

Tuesday, 6 November 2007: Surveillance & Research

- 6:00 am Physical Activity (optional)
- 8:00 am Surveillance keynote address
Dr. Ali H. Mokdad, Centers for Disease Control and Prevention, USA
- 8:30 am Country presentations on surveillance:
The Bahamas Chronic Noncommunicable Disease Prevalence Study and Risk Factor Survey 2005
Dr. Merceline Dahl-Regis, Bahamas
- Uruguay's National Survey of Chronic Diseases and Risk Factors
Dra. María José Rodríguez, Uruguay
- Experience in Bio Bio, Chile for Risk Factor and Chronic Disease Surveillance
Dra. Ana María Moraga Palacios, Chile
- Cuba's system for chronic disease surveillance
Dr. Orlando Landrove, Cuba
- 10:00 am FIELD VISIT TO SELECTED SITES (by the Bahamas Ministry of Health)
- 12:30 pm LUNCH
- 2:00 pm Brief commentary on working group tasks, *Branka Legetic*
- 2:30 pm Workgroups to develop CARMEN projects for 2008-2009 on surveillance
- 4:45 pm Break
- 5:00 pm Brief presentation from each workgroup on their plans
- 5:30 pm Adjourn
- 5:45 pm-6:30 pm Secretariat debriefing

Wednesday, 7 November 2007: Health Promotion & Disease Prevention

- 6:00 am Physical Activity (optional)
- 8:30 am Health promotion keynote address
Mr. Richard Smith, Ovations Chronic Disease Initiative, UK
- 9:00 am Country and partner presentations on health promotion:
- RAFA network for physical activity
Dr. Victor Matsudo, Brazil
- Ciclovias in the Americas
Dr. Gonzalo Stierling, Chile
- 10:15 am BREAK
- 10:30 am Country and partner presentations continued:
- Developing Health Promotion Strategies to Promote Health Promoter's Health
Dr. Fabio Gomes, Brazil
- Community interventions for cardiovascular disease prevention
Dr. Adrian Alasino, Argentina
- 12:00 pm LUNCH
- 1:00 pm Brief commentary on working group tasks, *Enrique Jacoby*
- 1:30 pm Workgroups to develop CARMEN projects for 2008-2009 on health promotion
- 3:45 pm Break
- 4:00 pm Brief presentation from each workgroup
- 4:30 pm Selection of Management Committee members for 2007-2011
- 4:45 pm Adjourn
- 4:45 pm -5:30 pm Secretariat debriefing

Thursday, 8 November 2007: Integrated Management of Diseases & Risk Factors

- 6:00 am Physical Activity (optional)
- 8:30 am Integrated Management of Diseases & Risk Factors keynote address
Dr. Judith Schaefer, MacColl Institute for Healthcare Innovation, USA
- 9:00 am Country presentations:
Integrated Strategy for Overweight, Cardiovascular Diseases and Diabetes
Lic. Laiza Fuentes, Mexico
- Chile's Diabete Prevention Program
Dr. Maria Cristina Escobar, Chile
- 10:15 am BREAK
- 10:30 am Country presentations:
Improving Quality of Care for Chronic Conditions in Villa Nueva, Guatemala
Dr. Judith Cruz, Guatemala
- Integrated Management of Chronic Diseases in Ecuador
Dra. Margarita Rodríguez, Ecuador
- 12:00 pm LUNCH
- 1:00 pm Brief commentary on working group tasks, *Alberto Barceló*
- 1:30 pm Workgroups to develop CARMEN projects for 2008-2009 on disease management
- 3:45 pm Break
- 4:00 pm Brief presentation from each workgroup
- 4:30 pm Final conclusions & Wrap up
- 5:00 pm Adjourn
- 5:15 pm -6:30 pm Brief meeting of the CARMEN Management Committee